

FILED

UNITED STATES DISTRICT COURT

JUL 24 2024

for the

EASTERN District of TENNESSEE

Clerk, U. S. District Court
Eastern District of Tennessee
At Knoxville

EASTERN Division

Case No.

3:24-cv-313

(to be filled in by the Clerk's Office)

Varian/McCook

MAURICE TYLER #28991 11

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint.
If the names of all the plaintiffs cannot fit in the space above,
please write "see attached" in the space and attach an additional
page with the full list of names.)

-v-

OFFICER DAVID PETERS, (MCCX)

CHRIS WINSLOW, (MCCX)

JOHN DOE #1

Defendant(s)

(Write the full name of each defendant who is being sued. If the
names of all the defendants cannot fit in the space above, please
write "see attached" in the space and attach an additional page
with the full list of names. Do not include addresses here.)

EMERGENCY

THEY ARE BEING SUED IN THEIR
JOB CAPACITY AND INDIVIDUAL CAPACITY

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name MAURICE TYLER #289911
 All other names by which
 you have been known: MAURICE TYLER #289911
 ID Number #289911
 Current Institution N.E.C.X., P.O. BOX - 5000
 Address 5249 HWY 67- WEST
MOUNTAIN CITY TENNESSEE 37683
City State Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name DAVID PETERS, (MCCX) STRIKE FORCE ONCE
 Job or Title (*if known*) C.E.R.T., STRIKE FORCE ONE TEAM
 Shield Number UNKNOWN
 Employer T.D.O.C., / MCCX
 Address 541 WAYNE COTTON MORGAN DRIVE
WARTBURG TENNESSEE 37887
City State Zip Code

XXXXXX ☒ Individual capacity XXX ☐ Official capacity

Defendant No. 2

Name OFFICER CHRIS WINSLOW (MCCX)
 Job or Title (*if known*) C.E.R.T. TEAM / STRIKE FORCE ONE
 Shield Number UNKNOWN
 Employer T.D.O.C. / MCCX
 Address 541- WAYNE COTTON MORGAN DRIVE
WARTBURGE TENNESSEE 37887
City State Zip Code

XXXXXX ☐ Individual capacity XXXX ☐ Official capacity

Defendant No. 3

Name

JOHN DOE #1

Job or Title (if known)

MEDICAL DEPARTMENT on the date 4/24/24

Shield Number

UNKNOWN

Employer

"CONTURON" MEDICAL DEPARTMENT

Address

City

State

Zip Code

XXXXXX ☒ Individual capacity XX ☒ Official capacity

Defendant No. 4

Name

Job or Title (if known)

Shield Number

Employer

Address

City

State

Zip Code

☐ Individual capacity ☐ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐ Federal officials (a *Bivens* claim)

XXXXXX ☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?
 EXCESSIVE USE OF FORCE: PREA VIOLATION, DELIBERATELY INDIFFERENCE
 TOWARD MY MEDICAL NEEDS COVERING UP OFFICER ASSUALTS: FAIL TO REVIEW
 ALL OF MY INJURIES: AND PROVIDING FALSE REPORT OF INCIDENT: SEE AND
 TV MONITOR IN UNIT-7 on date 4/24/24

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

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- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

SEE AND REVIEW ATTACHED AFFIDAVIT / NOTARIZE

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (*explain*) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

SEE ATTACHED PAGE STATE OF CLAIM

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

SEE AND REVIEW ATTACHED AFFIDAVIT / NOTARIZE

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C. What date and approximate time did the events giving rise to your claim(s) occur?
4/24/24- DATE, TIME - APPROX : 8:50 am thru 9:00 o'clock am

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

SEE AND REVIEW ATTACHED AFFIDAVIT / NOTARIZE; I WAS FORCE STRIPE NAKIE WITHOUT THE OFFICER PRODUCING A CR-2156 form aproving the stripe search accordingly to TDOC policy- 506.06 see attached document. SEE AND REVIEW tv monitor in the unit of assault. BUCK NAKIE WHILE THE INMATES WAS TAUNTING ME SEXUALLY: THEY TIGHTEN THE HANDSCUFF ON MY WRIST SO TIGHT UNTIL I COULD NOT FEEL MY FINGERS:

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive. WHEN I WAS KNOCK TO THE FLOOR WHILE NAKIE MY LEG WAS INJURY AND MEDICAL PLACE CRUTCHER FOR SEVEAL WEEKS, I RECEIVED SWOLLEN KNOCK ON MY FACE AND BURISE: I RECEIVED MENTAL DAMAGES BECAUSE THE OFFICERS DEGRADED MY PERSONAL BODY BY CALLING ME A MEXICAN BITCH WHILE FORCING ME TO WALK NAKIE IN FRONT OTHER INMATES WHILE THEY WERE TAUNTING ME: I AM RECEIVING MENTALHEALTH TREATMENT CONCERNING SUCH INJURIES: A GRIEVANCE HAS BEEN FILED INADDITIONAL A PREA ALSO HAS BEEN FILED.

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

AWARD THE PLATIEFF \$100,000.00 for the excessive use of force.
AWARD PLAITIFF \$100,000.00 for forcing him to walk down a flights stairs NAKIE IN FRONT OF INMATES WHILE BEING TAUNTED BY OTHER INMATES CAUSING HIM TO SUFFER MENTAL DAMAGES.
AWARD INMATE \$100,000.00 for making him get nakie without cr-2156 approval from the warden Eller.
AWARD INMATE \$100,000.00 FOR DELIBERATELY INDIFFERENCE TOWARD HIS MEDICAL NEEDS AND INJURIES.

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VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

N.E.C.X.

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

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- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

XXXXXXXX ☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

XXXXXXXX ☒ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

N.E.C.X., P.O. BOX - 5000. 5249- HWY - 67 WEST,
MOUNTAIN CITY, TENNESSEE 37683

2. What did you claim in your grievance?

EXCESSIVE USE OF FORCE: PREA, SEPARATE GRIEVANCE, DELIBERATELY
INDIFFERENCE OF ACCESS TO MEDICAL

3. What was the result, if any?

THE STATE OF TENNESSEE TDOC WITH THE SUPERVISOR RESPONSE:
EVERY THING IS STILL UNDER INVESTIGATION

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. *(Describe all efforts to appeal to the highest level of the grievance process.)*

I APPEAL IT TO THE HIGHEST LEVEL: TO THE WARDEN AND HE HIMSELF
HAS NOT SEND GRIEVANCE BACK THE GRIEVANCE NUMBER IS #33009-24
you will clearly see that the warden was present when this was
happening; everybody is being complicity to the violation

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

N/A

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

N/A

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

THE WARDEN IS HOLDING THE GRIEVANCE BACK FROM BEING PROCESS
CONTINUE TO SAY IT IS BEING PROCESS

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

SEE AND REVIEW GRIEVANCE AND DISCIPLINARY

VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

XXXX ☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

N/A

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

~~XXXXXXXXXX~~ ☒ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) N/A

Defendant(s) N./A

2. Court *(if federal court, name the district; if state court, name the county and State)*

N/A N/A

3. Docket or index number

N/A

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending?

☐ Yes

~~XXXXXX~~ ☒ No

If no, give the approximate date of disposition. N/A

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

N/A

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

NO

☐ Yes

☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) N/A

Defendant(s) N/A

N/A

2. Court *(if federal court, name the district; if state court, name the county and State)*

A/ N/A

3. Docket or index number

N/A

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending?

☐ Yes

☒ No

If no, give the approximate date of disposition

N/A

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

N/A

N/A

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: MAURICE TYLER, 289911

x

Signature of Plaintiff

x

Printed Name of Plaintiff

MAURICE TYLER), x

Prison Identification #

N/A

Prison Address

00289911

MOUNTAIN CITY
City

TENNESSEE
State

37683
Zip Code

B. For Attorneys

Date of signing: X

Signature of Attorney

N/A

Printed Name of Attorney

N/A

Bar Number

A/N

Name of Law Firm

N/A

Address

MOUNTAIN CITY
City

TENNESSEE
State

37683
Zip Code

Telephone Number

N/A

E-mail Address

N/A